

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017816

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 2

FILED APR 16 1962

| | | | |
|---|---|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Wayne</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Piedmont</u> | | c. CITY OR TOWN <u>Piedmont</u> | |
| Length of stay in lb <u>5yr</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>400 W Green</u> | | d. STREET ADDRESS (If outside, give location) <u>400 W Green</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Alice</u> Last <u>Faulkner</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 24-86</u> |
| 9. AGE (last birthday) <u>75</u> | | 10. IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) <u>Tenn</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>William Buck</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Tharp</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>James Elias Faulkner</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. INFORMANT <u>Mrs Cora A. Aldrich</u> | | Address <u>St Louis, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>viral pneumonia</u> DUE TO (c) <u>hypertensive Cardiovascular disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>2 days</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>hypertensive Cardiovascular disease</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>7:40</u> a.m. <u>7:40</u> p.m. <u>7:40</u> Month, Day, Year <u>July 1961</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>July 1961</u> to <u>April 13, 1962</u> and last saw her alive on <u>April 3, 1962</u> Death occurred at <u>7:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>Piedmont, Mo.</u> | |
| 22c. DATE SIGNED <u>4-5-62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-6-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Austin Meador Cemetery Big Lake Wayne Co. Mo.</u> | |
| 23d. LOCATION (City, town, or county) (State) | | | |
| 24. FUNERAL DIRECTOR <u>William Godwin</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-10-62</u> | |
| ADDRESS <u>Piedmont Mo</u> | | 26. REGISTRAR'S SIGNATURE <u>Shirley Louder</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Codier Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Cook

Licensed Embalmer No. 3723

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.